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UNITED STAND DEPARTMENT OF COMMERCE Patent and Trademark Office ASSISTANT SECRETARY AND COMMISSIONER OF PATENTS AND TRADEMARKS Washington, D.C. 20231

Paper No.

31(MAJ)

Appeal No.: 96-3266

Appellant: Byoung s. Kwon

Serial No.: 08/012,269

Hearing:

Room_A_

Docket: Date:

<u>A</u> APRIL 18, 2000

Time:

9:00 A.M.

Place: Room 12C07

CRYSTAL GATEWAY 2
1225 Jefferson Davis Highway

Arlington, VA 22202

NOTICE OF HEARING CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS

Your attention is directed to 37 CFR § 1.194(a).

The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up.

The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced.

CONFIRMATION OR WAIVER OF THE ORAL HEARING IS REQUIRED. This form must BE COMPLETED BELOW and filed with the Board of Patent Appeals and Interferences <u>preferably by facsimile</u> within TWENTY-ONE (21) DAYS from the mailing date of this notice, indicating confirmation or waiver of the hearing. A copy of this form may alternatively be filed by mail if facsimile is not available.

Failure to file this form within the above time period will be construed as a waiver of the request for oral hearing. 37 CFR § 1.136(a) does not apply.

By Order of the Board of Patent Appeals and Interferences.

B.P.A.I. FAX No. is: (703) 308-7952 or (703) 308-7953 See 1108 Off. Gaz. Pat. & Trademark Office 15 (Nov.14, 1989) B.P.A.I. Mailing Address is: BOARD OF PATENT APPEALS AND INTERFERENCES COMMISSIONER OF PATENT AND TRADEMARKS WASHINGTON, D.C. 20231

Clerk of the Board (703) 308-9797

| In all o | communications | relating to | o this appeal, p | please identify | the appeal | by its number. |
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| CHECK ONE: | ☐ HEARING ATTENDANCE CONFIRMED. | | | | | | |
|----------------------|---------------------------------|------|------------------|--|--|--|--|
| | ☐ HEARING WAIV | ED. | | | | | |
| Signature of Attorne | y/Agent/Appellant | Date | Registration No. | | | | |